

INSTRUCTIONS FOR THE RHODE ISLAND POLLUTANT DISCHARGE ELIMINATION SYSTEM (RIPDES)  
**NOTICE OF INTENT (NOI) - GENERAL PERMIT FOR NON-CONTACT COOLING WATER DISCHARGES**

**Who Must File A Notice of Intent (NOI) Form**

Discharges of non-contact cooling water to Waters of the State are prohibited without a Rhode Island Pollutant Discharge Elimination System (RIPDES) permit. The owner/ operator of an activity that has such a discharge must submit a Notice of Intent (NOI) to obtain coverage under the RIPDES General Permit. If you have questions about whether you need a permit, contact the RI Department of Environmental Management, Office of Water Resources at 401-222-4700.

An originally signed NOI form must be sent to:

RIDEM - Office of Water Resources  
RIPDES Program  
235 Promenade Street  
Providence, Rhode Island 02908

Please be sure to keep a copy for your files.

**Completing the Form**

You must type or print (in ink) in the appropriate areas only. Abbreviate if necessary to save space.

**Section I - Owner Information**

Give the legal name of the person, firm, public (municipal) organization, or any other entity that owns the facility described in this application (RIPDES Rules 3 & 12). The name of the owner may or may not be the same as the name of the facility. Do not use a colloquial name. Enter the complete address and telephone number of the owner.

**Section II - Operator Information**

If the operator is the same as the owner, enter "Same as Owner". Give the legal name of the person, firm, public (municipal) organization, or any other entity that operates the facility described in this application (RIPDES Rules 3 & 12). The name of the operator may or may not be the same as that of the facility. The operator is the entity that controls the day to day operation of the project. Do not use a colloquial name. Enter the complete address and telephone number of the operator.

**Section III – Standard Industrial Classification Code**

Enter the facility's primary and secondary four digit Standard Industrial Classification (SIC) Codes that best represent the products produced or activities provided by the facility.

**Section IV – Outfall Location**

Attach a topographic map, which extends at least one (1) mile beyond the property boundaries of the facility that clearly shows the legal boundaries of the facility and the location of each intake and outfall structure. The NOI must also list the latitude and longitude, to the nearest fifteen (15) seconds, of the center of each outfall structure.

**Section V - Receiving Water Information**

If the discharge is to a separate storm sewer system, check the box and enter the name of the owner and/or operator of the storm sewer system and the name of the surface water which the treatment system or storm sewer discharges to and its classification (see the RI Water Quality Regulations). Finally, identify whether the receiving water is a Saltwater, Warm Freshwater Habitat, or Cold Freshwater Habitat (To identify the habitat, new applicants should submit the attached Habitat Identification Request Form to the DEM prior to completing the NOI and the DEM will respond, in writing, with the habitat classification. Applicants with existing NCCW discharges should use the habitat identification list that has been prepared by the DEM).

**Section VI - Dilution Factor Information (Freshwater Discharges)**

Complete the attached worksheet to determine the equivalent 7Q10 (7Q10 EQ) flow at the point of discharge and the dilution factor. Enter the 7Q10 EQ in the box labeled "Receiving water 7Q10". Enter the dilution factor and the total combined system design flow in the appropriate boxes. The total combined treatment system design flow is the sum of the non-contact cooling water flows and the allowable

discharge water flows for all outfalls. Please note that DEM shall use a dilution factor of one (1) for all discharges to lakes, ponds, and wetlands.

DEM also reserves the right to specify the dilution factor to be used in a given watershed.

If a point of discharge is located in a watershed without a USGS gage then one of the following methods may be used to estimate the 7Q10:

1. USGS Report 95-4299, *Low-Flow Characteristics of Selected Streams in Northern Rhode Island*.

This report uses an equation based on statistical methods to estimate the 7Q10 flow of selected streams with partial record stations. Flow data from an index station is required.

2. USGS Report 93-4046, *Low-Flow Characteristics of Selected Streams in Rhode Island*.

This report provides an equation to estimate the 7Q10 flow at ungauged sites based on the drainage area and the distribution of geologic materials in the drainage area. The areas of the drainage basin underlain by coarse-grained stratified drift and underlain by till-covered bedrock are required to use this method.

3. USGS Report 93-4092, *Effects of Surficial Geology, Lakes and Swamps, and Annual Water Availability of Low Flows of Streams in Central New England and Their Use in Low-Flow Estimation*.

This report contains equations to estimate the 7Q10 flow using information regarding surficial geology, area of swamps and lakes, mean basin elevation, mean runoff, main stream length channel, and drainage basin area.

These reports can be obtained by contacting the USGS at: U.S. Geological Survey, Earth Science Information Center, Open-File Reports Section, Box 25286, MS 517, Denver Federal Center, Denver, CO, 80225.

**Section VII – Allowable Discharge Information**

Identify any allowable discharges, other than non-contact cooling water, that are discharged from the facility.

**Section VIII - Non-Contact Cooling Water System Information**

Attach a line drawing of the facility that identifies the flow of non-contact cooling water through the facility from intake to discharge. The line drawing must clearly identify the source of the non-contact cooling water.

Also attach a description (i.e., a brief narrative and cut sheets/ drawings) of the type of equipment that the non-contact cooling water is used for.

**Section IX – Discharge Frequency**

Enter the frequency of non-contact cooling water discharge and, for new discharges, the date on which the facility anticipates initiating discharge.

**Section X – Chemical Additive Certification**

Provide certification that no chemical additives are added to the discharge. Note: If chemical additives are used, the discharge is not eligible for coverage under the General Permit.

**Section XI - Owner/Operator Certification**

State and Federal statutes provide for severe penalties for submitting false information on this application form. State and Federal regulations require this application to be signed as follows (RIPDES Rule 12):

**For a corporation:** by a responsible corporate officer, which means: (i) president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions, or (ii) the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

**For a partnership or sole proprietorship:** by a general partner or the proprietor;

**For a Municipality, State, Federal or other public facility:** by either a principal executive officer or ranking elected official.



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**DEM USE ONLY**

Date Received \_\_\_\_\_  
Amount Received \$ \_\_\_\_\_  
RIPDES# **RI** \_\_\_\_\_  
Approval Date \_\_\_\_\_  
Data Entry Date \_\_\_\_\_  
Data Entry Initials \_\_\_\_\_

**I. OWNER:**

Name:			
Mailing Address:			
City:	State:	Zip:	Phone: (    )
Contact Person:	Title:		

**II. OPERATOR (if different from Owner):**

Name:			
Mailing Address:			
City:	State:	Zip:	Phone: (    )
Contact Person:	Title:		

**III. STANDARD INDUSTRIAL CLASSIFICATION CODE:**

Primary SIC Code:	Type of Business:
Secondary SIC Code:	Type of Business:

**IV. OUTFALL LOCATION:**

Attach a topographic map of the facility including Property Boundaries of the Facility and the Location of Each Intake and Outfall Structure.								
Outfall #:	Latitude	Deg.	Min.	Sec.	Longitude	Deg.	Min.	Sec.
Outfall #:	Latitude	Deg.	Min.	Sec.	Longitude	Deg.	Min.	Sec.
Outfall #:	Latitude	Deg.	Min.	Sec.	Longitude	Deg.	Min.	Sec.
Outfall #:	Latitude	Deg.	Min.	Sec.	Longitude	Deg.	Min.	Sec.

**V. RECEIVING WATER INFORMATION:**

<input type="checkbox"/> Separate Storm Sewer System      Name:	
<input type="checkbox"/> Ultimate Receiving Water      Name:      Classification:	
Receiving Water Habitat Type:	<input type="checkbox"/> Saltwater <input type="checkbox"/> Warm Water Freshwater <input type="checkbox"/> Cold Water Freshwater

**VI. DILUTION FACTOR (FRESHWATER ONLY):**

Receiving Water 7Q10 (cfs) at the point of discharge:	
Total Combined System Design Flow (cfs):	Dilution Factor:

**VII. ALLOWABLE DISCHARGE INFORMATION:**

Types of Allowable Discharges that are Discharged:

- |   |   |
|---|---|
| <input type="checkbox"/> Steam Condensate that does not contain Treatment Chemicals           | <input type="checkbox"/> Potable Water Line Flushings |
| <input type="checkbox"/> Hydrostatic Test Water that does not contain Treatment Chemicals     | <input type="checkbox"/> Uncontaminated Groundwater   |
| <input type="checkbox"/> Air Conditioner Condensate that does not contain Treatment Chemicals |   |

**VIII. NON-CONTACT COOLING WATER SYSTEM INFORMATION:**

Attach a line drawing of the non-contact cooling water flow through the facility including: Source of the intake water; all allowable discharges (see Part VII); a flow schematic of the facility depicting all major processes that use non-contact cooling water and all sources of allowable discharges; the method of discharge (i.e., separate storm sewer system or surface water); the name of the receiving water; any control equipment (i.e., flow meters, valves, etc.); and the sample location.

Is there an Existing RIPDES Permit for this Discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes Permit #:
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**IX. DISCHARGE FREQUENCY:**

Is this an Existing Discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No		If No Anticipated Discharge Date:	
Frequency of Discharge:	Days/Week:	Hours/Day:	Gallons/Min:

**X. CHEMICAL ADDITIVE CERTIFICATION:**

I certify under penalty of law that chemical additives are not used in the non-contact cooling water treatment system nor are any treatment chemicals added to any of the allowable discharges identified as being present in Section VII of this NOI.

Print Name \_\_\_\_\_

Print Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**XI. OWNER/OPERATOR CERTIFICATION:**

I certify under penalty of law that I have read and understood all terms and conditions of the above referenced General Permit. I also certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print Owner Name \_\_\_\_\_

Print Owner Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Operator Name \_\_\_\_\_

Print Operator Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Dilution Determination for use with the RIPDES General Permit  
for Non-Contact Cooling Water Discharges**

1. Determine the point of discharge. The point of discharge is the location where the effluent first enters a surface water body.
2. Using a USGS map and the gauge station list given in the attached USGS table of 7Q10 Statistics for Rhode Island Stations, locate the gauge station that is closest to the point of discharge. The gauge station must be in the same watershed as the point of discharge. If there is not a gauge station located in the watershed, please refer to the list of approved methods for estimating flow found in Section IV of the instructions for the RIPDES Notice of Intent.

3. Find the drainage area of the watershed that is upstream of the gauge station. (Given in the attached table.)

$$DA_{\text{Upstream of Gauge}} = \underline{\hspace{2cm}}$$

4. Find the 7Q10 flow for the gauge station from the attached table.

$$7Q10 \text{ Gauge} = \underline{\hspace{2cm}}$$

5. Determine the drainage area of the watershed that is upstream from the point of discharge.

$$DA_{\text{Upstream of Discharge}} = \underline{\hspace{2cm}}$$

6. Calculate the equivalent 7Q10 flow using the following formula:

$$7Q10 \text{ EQ} = \frac{7Q10 \text{ Gauge}}{DA_{\text{Upstream of Gauge}}} \times DA_{\text{Upstream of Discharge}} = \underline{\hspace{2cm}}$$

7. Calculate the dilution factor using the following formula:

$$\text{Dilution Factor} = \frac{\{(7Q10 \text{ EQ}) + (\text{Total Combined System Design Flow})\}}{\{\text{Total Design Discharge Flow}\}} = \underline{\hspace{2cm}}$$

**7Q10 STATISTICS FOR RHODE ISLAND GAUGING STATIONS**  
(Statistics Based on Start of Period of Record Through Indicated Water Year)

STATION NUMBER (Feet)	STATION NAME & LOCATION	STARTING WATER YEAR	DRAINAGE AREA (Sq. Miles)	7Q10 (Cubic Ft/Second)
<b>ACTIVE STATIONS<sup>1</sup></b>				
01109403	Ten Mile River @ East Providence	1988	53.1	15.56
01111300	Nipmuc River Near Harrisville	1965	16.0	0.37
01111500	Branch River @ Forestdale	1941	91.2	13.69
01112500	Blackstone River @ Woonsocket*	1930	416	102.25
01114000	Moshassuck River @ Providence**	1965	23.1	4.22
01114500	Woonasquatucket River @ Centerdale	1943	38.3	7.81
01116000	South Branch Pawtuxet River @ Wash- ington*	1942	63.8	17.08
01116500	Pawtuxet River @ Cranston*	1941	200	70.90
01117000	Hunt River Near East Greenwich**	1942	23.0	1.23
01117350	Chipuxet River @ West Kingston**	1959, 1973	9.99	2.82
01117420	Usquepaug River Near Usquepaug	1959, 1975	36.1	7.16
01117468	Beaver River Near Usquepaug	1976	8.87	2.01
01117500	Pawcatuck River @ Wood River Junction	1942	100	28.48
01117800	Wood River Near Arcadia	1965	35.2	7.24
01118000	Wood River @ Hope Valley	1942	72.4	20.65
01118500	Pawcatuck River @ Westerly	1942	295	69.59
<b>DISCONTINUED STATIONS<sup>2</sup></b>				
01106000	Adamsville Brook @ Adamsville	41-78	8.01	0.05
01111400	Chepachet River @ Chepachet	66-72	17.4	2.23
01112700	Blackstone River Tributary @ Woonsocket	67-74	2.22	NA
01115100	Mosquitohawk Brook Near North Scituate	67-74	3.06	NA
01115630	Nooseneck River @ Nooseneck	65-81	8.23	1.27
01115770	Carr River Near Nooseneck	65-79	6.73	0.66
01116300	Furnace Hill Brook @ Cranston	67-74	4.19	NA
01117600	Meadow Brook Near Carolina	67-74	5.53	0.11
01126200	Bucks Horn Brook @ Greene	67-74	5.52	0.50

<sup>1</sup>7Q10 based on data through Water Year 1993.

<sup>2</sup>7Q10 based on data through Water Year 1985.

\*Affected by stream flow regulation.

\*\*Affected by groundwater pumpage.

# = Station installed in 1987, statistics based on four (4) years of record.

NA = Not Available - Statistics will not compute if flow is zero (0) on any day. These streams go dry occasionally during periods of low flow.



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**HABITAT IDENTIFICATION REQUEST FORM**

**I. OWNER:**

Name:			
Mailing Address:			
City:	State:	Zip:	Phone: (    )
Contact Person:	Title:		

**II. OPERATOR (if different from Owner):**

Name:			
Mailing Address:			
City:	State:	Zip:	Phone: (    )
Contact Person:	Title:		

**III. RECEIVING WATER INFORMATION:**

Attach a topographic map of the facility including Property Boundaries of the Facility and the Location of Each Intake and Outfall Structure.
Ultimate Receiving Water Name: